

EMPIRIC CHOICE

- ✦ With current rapid turnaround times for nasopharyngeal swabs tested for respiratory viruses, suspected influenza should generally not be treated.
- ✦ Oseltamivir is recommended for treatment of lab-confirmed influenza.

ROUTE

- ✦ Enteral (PO/NG/OG)

DOSE

Creatinine clearance	Treatment (for five days or as specified)
>60 mL/min	75 mg twice daily
>30-60 mL/min	30 mg twice daily (capsule or suspension)
10-30 mL/min	30 mg once daily (capsule or suspension)
<10 mL/min	Single 75 mg dose for the duration of the illness
Patients receiving hemodialysis	SLEDD: 75 mg after each dialysis session
	HD (high-flux): 75 mg after each dialysis session
	PD: Single 30 mg dose for the duration of the illness
	CRRT (high flux): 30 mg daily

DURATION

- ✦ Treatment: 5 days

ALTERNATIVES FOR ALLERGIES

- ✦ None

TOP FIVE ORGANISMS

- ✦ Influenza A and B

CURRENT RESISTANCE ISSUES

- ✦ Drug resistance is rare but, if considered, consult should be obtained from the Infectious Diseases (ID) service.
- ✦ Intravenous zanamivir (Special Access Program only) is the treatment of choice for patients who develop prolonged acute influenza illness despite treatment with oseltamivir or potentially in cases of resistance.

IMMUNOCOMPROMISED HOST CONSIDERATION

- ✦ Immunocompromised hosts (e.g. solid-organ transplant, hematopoietic stem cell transplant, leukemia) need to be regarded as especially vulnerable. Early signs of influenza may not be apparent; maintain a high index of suspicion in such patients.
- ✦ Duration of therapy should be determined in conjunction with the appropriate Infectious Diseases consultation service (e.g. Transplant ID or Oncology ID) but is generally 5 days.

ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS

- ✦ In patients with severe suspected influenza (e.g. managed in the intensive care unit) and a negative nasopharyngeal swab, bronchoscopy should be considered to confirm the diagnosis.
- ✦ Screening of patients with fever and cough who have a high likelihood of influenza is performed during influenza season. Patients who are screened positive for influenza that require hospitalisation should generally be treated.
- ✦ Because influenza PCR testing detects both live and dead virus, the test remains positive for at least a week regardless of treatment, so there is generally no value in repeating testing.

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